PRACTICE CHANGE FELLOWS

Leadership in Action—Innovation for Change

Ensuring Effective Leadership to Improve Care of Older Adults

2011 Program Highlights—The First 5 Years

October 15, 2011

The Practice Change Fellows program is made possible by the generous support of The Atlantic Philanthropies and The John A. Hartford Foundation.

ALTARUM INSTITUTE

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Practice Change Fellows: National Program Office

The Practice Change Fellows program is administered through the National Program Office, led by the Division of Health Care Policy and Research at the University of Colorado Denver, in partnership with the National Council on Aging. www.practicechangefellows.org

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Practice Change Fellows is about patients and their caregivers…

"I have never experienced such coordinated medical team work and a genuine interest in a patient before. Please express my gratitude to the geriatric team for the excellent care that was extended to my mother."

--*A patient's daughter*

"All have been surprised and amazed that such a facility exits and by the quality of care received. It is truly a testament to good medicine and should be used as a model for what can be accomplished when intelligent and thoughtful people apply their talents and skills for the betterment of their patients."

--*Patient*

Practice Change Fellows:
Ensuring Effective Leadership to Improve Care of Older Adults

Our nation's health delivery system frequently does not meet the unique needs of older adults. Wide gaps remain between evidence-based approaches, nationally recognized best practices, and the way care is currently delivered for many conditions that disproportionately affect this population. Strong leadership is needed to ensure that older adults throughout the nation can access the most effective care.

The Practice Change Fellows program is a 2-year opportunity for nurses, physicians, and social workers to develop leadership skills, content expertise, and relationships that will enable them to positively influence care for older adults, not only in their own organizations but also throughout the health care system. Fellows complete a project that integrates or expands a new geriatric program or service line within their organization, allowing them to remain at their full time job throughout the 2-year program. Advisory board members, who are national leaders in geriatrics, mentor the fellows and meet with them three times each year in 2-day sessions designed to teach, inspire, and engage these change agents.

The Practice Change Fellows program is expanding the number of health care leaders who can effectively promote high quality care to older adults in a wide range of health and health care organizations. Building a cadre of health care professionals who possess the essential leadership skills and understanding of promising innovations in care will ensure that this country is prepared to meet the challenging demographics before us—that is, the extraordinary growth in the number of older adults.

The short-term goal of this program is to equip emerging leaders with the skills, knowledge, and passion they need to transform the health care delivery system. Geriatricians and gerontologists who hope to create real change that affects the lives of older adults must have more than impeccable clinical skills. They must also understand evolving public policies and their effect on clinical practice. They must know how to make a business case and how to align and leverage the seemingly disparate themes of medicine and money. They must understand how to demonstrate and report outcomes and how to interact with a variety of stakeholders, both within their own organizations and in the larger world. These leaders must be visionary and passionate; their selection as Practice Change Fellows indicates that they are both. The real work is in equipping them with essential business, management, and leadership skills.

In addition to the generous support of The Atlantic Philanthropies and The John A. Hartford Foundation, the Practice Change Fellows program depends upon the commitment and support of the many participating health care organizations.

2011 Program Highlights—The First 5 Years

In the summer of 2011, the Practice Change Fellows (PCF) program engaged Altarum Institute to conduct a series of independent interviews of former and current Practice Change Fellows and advisory board members to document their experiences with the PCF program. This information was intended to illustrate the program in action, from the perspective of its participants, and to show how their nascent ideas for creating programs and change evolved over the course of the fellowship into large-scale improvement efforts, many of which have influenced policies and programs nationwide. Fellows participate in this 2-year program to further develop their leadership skills through a project that expands or initiates a new geriatric program or service line integrated within their organization. Fellows receive support from local and national mentors to meet self-directed learning goals to become more effective leaders and to participate in prestigious national leadership courses. Upon completion of this 2-year training period, Practice Change Fellows articulate a vision for what they hope to accomplish over the next 5-year period in their home institutions.

The interviews revealed several themes. A central theme of the entire PCF project is the remarkable opportunity it affords advisory board members and Practice Change Fellows to learn and explore and to develop new ideas and programs and test them out in a rigorous and supportive setting. Participants repeatedly cited how much they benefited from thought-provoking exchanges with peers and colleagues. They also recognized that, in fact, everyone is a teacher and everyone is a learner. Even after the fellowship ends, Practice Change Fellows report maintaining close relationships with their mentors, pursuing and perfecting the clinical and leadership skills learned in the program.

Advisory board members and fellows alike credited the program not only with developing and honing their leadership skills but also with providing a safe, supportive environment to develop and put into action innovative approaches to organizational change. They also gained a first rate network of colleagues to develop and shape new practices and programs for serving older adults.

These personal networks and new skill sets have led to cutting edge programs in such interdisciplinary areas as care transitions and integrated care delivery models. Participants cited teachable and learnable skills for becoming a leader, building a business plan, raising funds, and improving practice as an interdisciplinary team member.

Fellows and their PCF mentors have affected many older adults through the programs and initiatives they have implemented in their organizations. In some cases the effect has been dramatic and large scale, directly affecting hundreds of patients annually and extending to many more through policy change and program diffusion. One fellow led the development of a geriatric patient-centered medical home that serves more than 2,500 older adults.

The PCF projects represent some of the most innovative ideas and research translations in the field. Projects have been as wide ranging as community-based care transition models, programs to improve interdisciplinary care for hip fractures, and new approaches to address the intractable problem of reducing delirium in acute care practice.

The stories that follow provide a snapshot of the PCF program at the end of its first 5 years. Thirty-eight fellows and 31 advisory board members have engaged with the PCF program. Their stories reflect individuals who have been transformed and who have had a transformative effect on the lives of the people they serve and the institutions within which they work. Many fellows have assumed new leadership roles within their organizations, working from a new vantage point and exerting considerable influence over directions their organizations will take to meet ongoing challenges in the care of older adults. Others have had their work recognized and promoted on a national stage, both in popular media and from peer organizations and federal agencies. It is on this foundation that the PCF program is poised to disseminate and bring to scale alumni success and to shape and support new leaders and innovators who will transform geriatric practice so that all older adults enjoy a late life that is meaningful, comfortable, and supported.

Practice Change Fellows: The Program

Practice Change Fellows attend three highly interactive national meetings each year (i.e., the tri-annual meetings) designed to support achievement of the objectives identified in their learning contracts. These meetings are convened in different locations and are attended by the national mentors, members of the advisory board, and select national experts in practice change in the areas of geriatric care delivery and aging-related programs. The meetings are founded on the premise that every attendee is both a teacher and a learner. Fellows have the opportunity to receive input on their projects and progress in their learning contracts through hands-on, case-based discussions complemented by group problem solving activities. They also benefit from structured interaction with their peers. The triannual meetings are held in an interactive format led by a national expert, to help fellows build practice change skills in essential areas (e.g., outcome measurement and presentation, developing a compelling business plan, building high performing teams, building strategic partnerships across service lines, leading cultural change, and strategic fund-raising). These meetings also help Practice Change Fellows foster a national network of advisors and colleagues.

Between the triannual meetings, Practice Change Fellows participate in conference calls to foster further peer-to-peer learning and ensure that they are receiving the support needed to successfully conduct their projects and develop their leadership skills. WebEx presentations introduce them to new models of care and emerging technologies and provide updates on developments in Medicare and other public financing programs.

Complementing their development as individual leaders, Practice Change Fellows join a collegial network of dedicated professionals who share a commitment to improving geriatric care delivery. This network is intended to contribute to building a national agenda for improving the quality of care for older adults, facilitate a rapid collective response to changes in Medicare and other financing programs, potentially collaborate on new national initiatives, and serve as a platform for more systematic national change beyond the Practice Change Fellows' individual institutions.

—Practice Change Fellows website

Advisory Board Members: Mentoring Personal and Program Change

When Judy Baskins, RN, BSN, first joined the advisory board of the PCF program, she thought, "It would just be another meeting to attend. After two meetings, I quickly realized that it was much more than that," she said. Indeed, the triannual meeting structure of the advisory board offers a dynamic and enriching environment in which board members not only mentor fellows, but also grow in their own roles as leaders and change agents. Board members describe being able to take what they have learned, both from the fellows they mentor and other board members, applying that information to their own organizations, and then shepherding more widespread improvement.

Advisory board members get as much as they give, and then some. Many echo what David Labby, MD, PhD, said, "I've met amazing people and had a chance to coach and mentor the next generation of geriatric leaders." Judy Black, MD, MHA said, "A great benefit of the experience has been the opportunity to network with knowledgeable people about organizational change and the challenges we face. It has been rewarding to work with fellows on their projects, advising them and learning from their innovative programs." In fact, Black has been able to apply some of the practical knowledge she gained from meetings to present a new project to her own organization.

Why did Labby say yes to an invitation to join? "Joining the group represented a real networking opportunity and a chance to enhance the work I do every day, an opportunity to make connections with seminal thinkers, an opportunity to connect and to be part of the discussion."

That opportunity to work with emerging leaders in the field of geriatrics inspires advisory board members. Those who have Practice Change Fellows within their own organizations feel doubly lucky—not only have they had a chance to interact directly with fellows engaged in important work, but they have also had an opportunity to observe the effects of that work on their own systems and on the fellow's own practice. Rob Schreiber, MD, whose organization has had two Practice Change Fellows, notes their work led to changes in public and professional perception of the institution, leading to it being seen not only as an academic research center but also as a place of clinical excellence.

Watching Practice Change Fellows grow as leaders is a rewarding and important part of the interaction between advisory board members and fellows. Baskins said that her organization's Practice Change Fellow was "exposed to new resources and opportunities—the curriculum, the nurturing of her project, and learning how to make it work. I couldn't have offered her what the fellowship did."

Board members see an ongoing need for programs like PCF that engage, mentor, and develop leaders in geriatrics. Like many in the field, Black is concerned about "the

fragmentation of care for older adults, combined with the fact that doctors are not choosing to go into primary care." She sees the PCF program as part of the solution to these challenges. "PCF gives fellows an opportunity to learn from people in the trenches doing the work. It is extremely helpful to them to learn how to present a business case and to have an opportunity to network with mentors."

Baskins concurs, noting, "PCF helps to develop physician capabilities to develop, implement, and operate within the context of evolving public policy, to learn how to develop programs that respond to changes in public policy."

> "We really need to develop leadership skills within organizations. Medical trainees are so clinically focused they don't get those skills. But PCF gives them the opportunity to learn from people in the trenches doing the work."

Future leaders will need an array of skills, and the PCF program helps to develop them. Schreiber described those skills, which include "being able to engage multiple stakeholders and connect programs with aging services. They'll need to know how to measure outcomes. They need to have the wherewithal to keep going when things don't work, and figure out how to make them work. And they need to help others appreciate that their work is meaningful and makes a difference in the lives of older adults."

Schreiber added that leaders must constantly question where they are, and always push for more. "What we did last year was great, but what can we do this year?"

Advisory board members note that through their work mentoring future leaders, their own leadership styles and goals have changed and matured. Schreiber said that his participation in the PCF program "made me more reflective and open to changes and new knowledge, it taught me to keep the doors open. We are making headway—our department is more engaged, our leaders are more engaged, and our voice is heard. The medical department's leadership is now valued; it's looked at as critical to the future of the organization. I'm no longer questioned about why it takes so many doctors to do this work."

Baskins found that her participation as a board member gave her an opportunity to reflect on and create a body of work and a legacy. "The work brought a new dimension to my work," she said, "a new sophistication with the level of programs. It opened my eyes to the level of leadership we need." She has taken the ideas discussed at PCF meetings and used them as the basis for major change in her organization, including the launch of an accountable care organization and work to receive a $3 million grant to develop better care transitions. She added that, as she approaches retirement, her involvement in PCF "made me revisit my responsibility for creating a legacy system, creating a network of staff who can continue the great things we have going on in our system."

Fellows: Leaders, Innovators, Making a Difference

Audrey Chun, MD: What the Doctor Ordered—A Patient-Centered Medical Home for Geriatric Patients

Audrey Chun entered the PCF program hoping to share what she learned with others. The fellowship seemed to poise her for just that, and she dove in, developing a project to transform a primary care practice into a geriatric patient-centered medical home (PCMH). Two years later, under her leadership, their medical home is providing better quality care to more than 2,500 community-dwelling urban elders with complex medical, social, and mental health needs.

A good patient-centered medical home model, Chun said, is simply good geriatric care. It is team-based and rooted in evidence-based practices, while recognizing that sometimes those practices need to be adapted for patients who are frail, over 85 years of age, and suffering from a variety of chronic conditions and functional limitations. Quality care must attend to the needs and reflect the health care realities of older adults. A good program would attend to the needs of elders, screening them for problems such as memory loss, urinary incontinence, risk for fall, and polypharmacy.

Working with a broad range of patients, whose average age is 85, Chun led development of what would become a National Committee for Quality Assurance certified PCMH. The program meets the nine NCQA PCMH standards and includes characteristics such as electronic medical records, patient and caregiver self-management, and a team-based approach. In gaining NCQA recognition, Chun said, "PCF funding helped me to get a lot of ideas. The PCF advisory board members provided me with information on how to deliver care and deal with systems issues." In the long run, she said, the PCMH model made better use of the organization's resources and "made our lives easier." The PCMH also reduced hospital readmission rates from 23% to 14%, in part, Chun believes, because the program offered clinicians the assurance that patients would find the necessary supports in the community.

> "Every time [I attended a PCF meeting], I learned something that later influenced my interactions with patients, other providers, and staff. I passed along what I learned to 30 other doctors and 15 staff members."

In signing on for the PCF program, Chun "hoped to gain mentoring and find networking interests in different models for outpatient care." She had found that much of the literature reported outcomes for inpatient programs addressing care transitions and that "nothing fit with our practice and its resources. I wanted to learn if it was possible to do what I wanted to do, and if it had been done." She noted that information about practice change is not always published, and she hoped that through the fellowship she would find people who were engaged in such change. Moreover, she felt, "If I could figure it out, I wanted a way to

disseminate so that others could learn from my experience, that I would be able to share what I had learned with others."

In the end, she said, the PCF program provided just the forum for which she had hoped. Initially skeptical that she could learn much from a 2-day, triannual program, she quickly discovered that "…every time, I learned something that later influenced my interactions with patients, other providers, and staff. I passed along what I learned to 30 other doctors and 15 staff members." She credits PCF for having given her the knowledge and confidence she needed to really lead and drive change in her organization. For others seeking that level of change, she offers this advice: "You can't be part of the conversation without addressing costs of care. You have to speak the language of policy and convince your colleagues that you can contain costs and not give up quality. But you can't have the conversation without being able to address the challenges we face as a nation."

Kyle Allen, DO, AGSF: Developing a System of Care that Serves Older Adults

When first approached to apply for the PCF program, Kyle Allen declined; he was too busy, he thought, to start one more thing. However, attracted by the idea of being surrounded with others who were passionate about improving geriatric care, he applied, a move that led him to catalyze systemwide change in a large integrated delivery system. "Without the PCF program, I wouldn't have had time, energy, or resources to do this work." He credits PCF with having galvanized him, for inspiring him to develop the leadership skills required to generate major changes in a large system.

Allen's original PCF proposal laid out a long-term vision for systemwide improvement that Allen projected could take 10 years. During the 2-year fellowship, he developed a center for excellence in geriatric care, a business venture that, in the wake of health care mergers, laid the groundwork to foster broader clinical integration needed for the accountable care organization strategy.

> "I'm not just that doctor who works in nursing homes, I'm the guy who's trying to develop a system of care that serves all older adults across the continuum."

Three evidence-based clinical care programs that span the continuum of care were successfully implemented during Allen's PCF project: physician house call practice to bring an interdisciplinary approach to care management for elderly patients with complex illness; interdisciplinary geriatric rehabilitation units in skilled nursing facilities throughout the area; and comprehensive transitional care to manage hospital-to-home transitions.

Each of these three programs is demonstrating success. Patients who participated in the physician house call program experienced a 30% reduction in hospital readmissions and

emergency department visits compared to those who did not participate. These patients received improved advance care planning, had high patient and primary care physician satisfaction, and, when appropriate, enrolled earlier in hospice care. By the end of its second year of operation, the physician house call program enrolled approximately 150 patients; current projections have enrollments reaching 400 persons annually. Three geriatric rehabilitation units have been established with an average daily patient census of 15–18 patients per unit. These units have shown reduced hospital and emergency department readmission and improved quality and patient satisfaction. The care transitions project engages the area agency on aging with the health system to offer an evidence-based, protocol-driven approach to improving the hospital discharge process and reducing readmission. Preliminary results demonstrate improvements in patient and physician satisfaction and substantial reductions in readmission rates.

With the success of these three components, Allen and his team moved forward on establishing the Institute for Senior and Post Acute Care which uses a population health approach to organizing comprehensive clinical programs for senior care and those with advance chronic illness. This institute became *the* model that all major clinical service lines, both geriatric and non-geriatric, were instructed to use for framing their organizational proposals.

Allen is certain that without PCF, he would not have been able to get this framework together. "The time to think, get mentored, tap into other resources, be trained in leadership approaches was invaluable." Allen said that when he joined the program, he "…was expecting to learn, to develop leadership skills. It opened up opportunities and leveraged my ability to advance goals." More than that, he said, he experienced renewed passion in his work, an "affirmation of spirit, of being around others who were passionate about the same issues. As a leader, you can feel lonely. PCF was a chance to engage with fellows and mentors in absolute learning. I learned how to get people to understand what I'm doing, I'm not just that doctor who works in nursing homes, I'm the guy who's trying to develop a system of care that serves all older adults."

The PCF program motivated Allen to talk about his successes in state and national policy forums. Two recent opportunities involved giving testimony before the Ohio Senate Finance Committee and describing this work to the Center for Medicare and Medicaid Innovation at the request of *Health Affairs*.

Allen has subsequently joined the national advisory board for the PCF program and states, "My biggest hope for PCF is that it could lead to transformational change across the country. As I listen to fellows now, as they come up with projects, I see change occurring. PCF gives people a rich environment, a culture to learn, to apply, to troubleshoot, and to go back and lead change. It's all about leading change."

Sharon Foerster, LCSW: Improving Quality of Care for Adults with Dementia and Their Caregivers

When Sharon Foerster applied for the fellowship, her organization was in the midst of administrative and clinical changes that are common in today's environment. It was not an ideal time to launch a quality improvement project, and yet Foerster engaged her colleagues to work with her, and to "put patients first despite the real challenges they faced. I couldn't have done this without PCF, which allowed me to dedicate time and provided the national support."

Foerster created a project to develop standard protocols from evidence-based practice for care managers to use in a community-based organization, protocols that would enable them to improve and standardize their approach not only to medical issues but also to social services and supports. The program focused on patients with dementia and their caregivers, looking specifically at those who were at risk for rehospitalization or falls. "We wanted to keep people in their homes, improve the experience of Medicaid beneficiaries. We wanted to improve safety and care while taking a more standardized approach to care," Foerster explained.

"I am now … better able to work in an interdisciplinary manner, in a position in which I must bring concepts and best practice care to thousands of older people and their family members."

"What the PCF program provided exceeded my expectations," Foerster said. "I wanted to carry out a positive project and improve quality and I was able to do that. The entire experience helped me to think through and get practical skills, to learn about the big picture, to think about how to balance patient care with the business model, to understand how the work could benefit patients. I am better informed for having carried out this work." Foerster is taking what she learned during her fellowship experience and applying it to her new role with a much larger health care system, with reach to a broader group of patients.

One current project is working with an interdisciplinary team to improve hospital care for geriatric patients. Successful elements will be brought to other hospitals and care sites throughout the system. The fellowship experience, Foerster said, enabled her to learn "…the importance of assessing for risk, intervening based on risk factors, and standardizing processes." She applies principles of practice change acquired during the fellowship—particularly on patient engagement and interdisciplinary teams—to her current work. "I am now … better able to work in an interdisciplinary manner, in a position in which I must bring concepts and best practice care to thousands of older people and their family members."

Foerster sees room for improvement in the care of older adults. "We need to bring down costs and improve quality," she said. "At the same time, we need to see and understand how we are caring for people with kindness, with understanding, to see things from the

patient/family perspective and see how they are going through life. Good health care includes kindness at all levels. We are getting there, but that's what it comes down to—individuals who care."

Lee Greer, MD: Interdisciplinary Teams Improve Treatment for Rural CHF Patients

Rural Mississippi lies in the heart of America's heart disease belt, where socioeconomic factors compound challenges in treating and managing patients who have congestive heart failure (CHF). A high incidence of disease combined with a low level of health literacy can prove lethal for area elders. To address this issue, Lee Greer used knowledge gained as a Practice Change Fellow to create a three-pronged, evidence-based interdisciplinary program for CHF patients in rural Mississippi. Working in a system of 34 clinics caring for almost 3,000 CHF patients, Greer led efforts to develop an electronic patient registry that generated alerts about patient status, create a more informative discharge summary distributed to patients leaving the hospital, and launch "CHF days" when an interdisciplinary team met with high-risk patients and their providers in the systems' clinics.

Greer's study found that among the 70 patients who joined in the CHF days, treatment adherence improved significantly, while all-cause hospital readmission rates decreased. Greer credits his experience as a Practice Change Fellow for giving him the leadership tools he needed to implement such a large-scale program. Upon entering the PCF program, he said, "I hoped to develop leadership skills and learn how to manage a project that involved multiple clinics, how to get patient and provider buy-in. I also hoped for continued exposure to new delivery methods. PCF proved to be a forum for doing that, giving me information I could use, and the confidence I needed, to take ideas home and use them in my setting."

> Completing a large-scale project and moving from concept to implementation would not have been possible without the guidance Lee Greer received from PCF colleagues.

Greer applied information gained at triannual PCF meetings, as well as from associated work on an MBA offered by the Yale School of Business, to create a sustainable CHF program. The program has become the basis for similar programs for older patients with other disease states in his health care system. PCF allowed Greer "to seed the idea, get feedback from experts, and work on patient activation, all issues that have become a part of my daily life." According to Greer, completing a large-scale project and moving from concept to implementation would not have been possible without the guidance he received from his PCF colleagues.

Greer noted that one of the biggest challenges he faced was getting patients to buy in to the program. "Patients didn't understand the benefits of having a comprehensive, team-

based approach, it was new to them. My PCF mentors helped me to think through this challenge. We had to develop a marketing strategy to bring patients in. My mentor helped me to formulate a plan to involve patients."

Greer has gone on to develop a new project rooted in improving care transitions, the self-care college, in which patients go from one provider station to another, learning skills that range from how to weigh themselves accurately to how to develop and stick to a good nutrition plan. As the chief of quality and safety officer, Greer now has the opportunity to develop and shepherd other projects aimed at improving care for older adults who have chronic conditions.

"PCF laid the foundation for me to handle and pursue this role," he said. He sees the PCF program as offering an increasingly important venue, one that can develop clinicians who have a voice in how health care delivery is designed and implemented. "We need health care providers who can transform care. PCF gives clinicians the ability to see the world through a different lens, offering a way to mold leaders at the local, regional, and national levels."

Ellen Barrington, MSN, RN-BC, NEA-BC: Everyone Benefits from Reducing Occurrence of Delirium in an Acute Care Setting

Ellen Barrington developed a program focused on reducing delirium in the acute care setting, taking a three-pronged approach to dealing with this seemingly intractable problem that affects as much as 35% of hospitalized elders. The program she developed featured components that addressed community education, provider education, and volunteer engagement. The community education team developed and used fliers about recognizing and preventing delirium, and then participated in more than 40 interactions (e.g., health fairs, senior center presentations) over the 2-year length of Barrington's PCF participation. In addition, she developed and provided in-hospital lectures and materials aimed at training clinicians and recognizing delirium and reducing its occurrence or acuity. Materials developed for both the public and clinicians were posted on the hospital's website.

> "All health care workers want to do the right thing. But they need to know how to translate what that means into practice in a manner that gains the buy-in from different audiences, from the quality manager to the CEO of the institution. PCF did a good job of developing skills I needed to do this."

But the heart of the program was recruiting, training, and deploying approximately 100 volunteers who knew how to work with patients on feeding, mobility, and meaningful activities, factors known to reduce the occurrence of hospital-acquired delirium.

Barrington was challenged in garnering hospital resources and support. Geriatrics, she noted, is not traditionally a moneymaker for hospitals, and devoting resources to it is not always a priority. Still, the project moved forward and achieved success. Her program has been so successful in terms of educating patients and providers and in recruiting volunteers to help in the hospital that the hospital is now considering a systemwide implementation of this approach.

She said that her time as a Practice Change Fellow "increased my desire to make a difference. It increased my confidence in understanding that you can get out there and make a difference." She credits the program for having increased her ability to pilot a program, to build a business plan, and to launch new endeavors. She pointed in particular to the problem-solving and communication skills the program offered her.

"All health care workers want to do the right thing," said Barrington, "but they need to know how to translate what that means to appeal to different audiences, from the quality manager to the CEO of the institution. PCF did a good job of developing skills I needed to do this."

Christina McQuiston, MD: Improving Hip Fracture Care for Older Adults Improves Care Overall

Hospitalist Christina McQuiston was troubled by trends she saw in her hospital's routine care for elderly hip fracture patients and was certain that she could develop strategies not only to improve the quality of that care, but to address its costs. In a hospital treating an average of 500 hip fracture patients annually, this was a significant undertaking.

As a Practice Change Fellow, McQuiston launched several key interventions to improve patient care and the hospital's bottom line.

McQuiston led development of a collaborative model in which orthopedic surgeons and hospitalists co-manage care for hip fracture patients. The project included development of a geriatric pain management protocol and a standardized clinical pathway. As a result of its success, many of the project's key elements are now being used hospital-wide. For example, the geriatric-specific pain management protocol is applied to all geriatric patients, and is being adapted for other services. A protocol for preventing hospital-acquired delirium is being launched on the hospital's dashboard.

> Results were dramatic: The numbers fell. The project saw decreases in average length of stay, door to OR time, readmission rate, and mortality. The rate of hospital-acquired delirium went from 40% to 27%.

McQuiston credits her success to leadership skills gained during her experience as a Practice Change Fellow, skills that “gave me the confidence I needed for the arm-twisting that was necessary to get this project off the ground.” She explained that when it was initially proposed, surgeons pushed back against the change in routine, and hospital leadership balked at hiring more staff members. “It was a big cultural shift,” McQuiston said. “There was no other example of co-management in the hospital. Both sides had reservations about it. At the outset, I didn’t see that I had the skill set necessary to accomplish this. The confidence I developed came entirely from the PCF program, which developed my leadership skills.”

“I think there are teachable and learnable skills for becoming a leader; I am quite different now than I was before. I learned that leadership skills can be applied regardless of where you are on your team,” she said. Critical to her development as a leader was learning how to develop a business plan, and how to connect the dots between money, quality, and care. “How will you sell this? What’s the value? What can you quantify? I have passed that lesson on to colleagues. “

“The business and data side [of health care delivery] were always something I had avoided, but now I’m the measurement and statistics queen. It’s been a huge change for me—focusing not only on what’s the right thing for patients, but learning how to show that what you are doing really makes a difference.”

McQuiston continues to do just that. She recently received approval to launch a pilot project involving an eight-bed acute care geriatrics unit that will focus on maintaining functionality among community-dwelling adults admitted to the hospital. Her role has expanded; she has presided over the doubling of staff in the senior services department, and is now a half-time medical director of that group. She is on the physician leadership team of the hospital. She noted, “The insights I have received from mentors, expert panelists, and workshops at the Practice Change Fellows meetings regarding health care delivery have allowed me to speak with confidence regarding the direction of my own institution as it faces an uncertain future.”

We want to express our appreciation to the following Practice Change Fellows advisory board members and Fellows who shared their experiences and insights with us. To learn more about PCF, and all the advisory board members and Fellows, visit www.practicechangefellows.org

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